ing, exercise in the open air, the avoidance of wine and stimulants, and of close and warm rooms, should be strictly enjoined. Under this treatment, cases of deafness, of many years' standing, have been cured or relieved.

2. Catheterism of the Eustachian tube is an operation very rarely called for; in nine cases out of ten, by means of the otoscope,* air is distinctly heard to enter the tympanic cavity, or there are other unequivocal symptoms indicative of the pervious state of this tube;† practical experience with the deaf quite agrees with the result of the dissections of the Eustachian tube.

3. Besides the otoscope, in order to arrive at something like an accurate diagnosis of the nature of ear diseases, it is requisite to use a small lamp and a delicate silver speculum. By means of the two latter instruments the exact state of the meatus and membrana tympani can be ascertained. It will be observed that the latter structure is not unfrequently more concave than natural, a condition which is produced either by direct adhesion of the membrana tympani to the inner wall of the tympanum, or through the agency of membranous bands, or by a contraction of the tensor tympani muscle.

5. The principal disease observed in the fenestra rotunda consists in the presence over it of a distinct false membrane, which is attached to the margins of the fossa fenestræ rotundæ; the latter fossa is often completely filled up by the thickened mucous membrane of the tympanum.

6. Many deaf persons, as in the case of one of the patients in whom there was found to be complete anchylosis of the stapes to the fenestra ovalis, hear musical sounds when sonorous vibration can be made to act upon the nervous expansion, as through the medium of solids.

7. My experience has not been sufficient to indicate by the kind of deafness the particular part of the ear affected.

8. As a rule, I have not found the fluids of the labyrinth deficient in old persons, but the mucous membrane of the tympanum and the membrana tympani have been the seat of the disease.

9. Some deaf persons hear better in a noise, as in a carriage, than when quiet, because the fluid of the vestibule is thrown thereby into a state of undulation, and in this state can receive the vibrations of the thickened membrane of the fenestra rotunda, which are much less powerful than is natural; indeed, supposing the views on the physiology of the tympanum advanced by Mr. Brooke to be correct, and thus far all my researches tend to establish their accuracy, in those cases where the stapes is so firmly fixed as not to be able to press upon the labyrinthous fluids, and give them a certain state of tensity, the vibration produced by a carriage or by a loud sound would in some measure be a compensation.

10. In some deaf persons there is an over-sensibility of the nerves of the ear, and a loud sound or a loud voice aggravates the malady by causing a forcible contraction of the muscles of the internal ear, and a rigid state of the membrana tympani.

11. Tinnitus aurium is probably dependent upon the constant compression of the contents of the vestibule, and by the pressure inwards of the stapes by means of rigid bands of adhesion, thickened base of the stapes, &c.

12. There are cases where loud reports produce a rupture of the membrana tympani; others, in which the hearing becomes gradually dulled, as in the right ear of sportsmen. I have not been able to dissect any cases tending to elucidate the pathological condition.—*Lancet,* Feb. 24.

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41. *Ovarian Dropsy.*—Dr. E. J. Tilt concludes an interesting series of papers in the *Lancet,* with the following practical deductions:

1. That small and moderate-sized tumours may be cured by preparations of

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* An elastic tube, twenty inches in length, each end being tipped with ebony, one extremity is introduced into the external ear of the patient, the other into that of the surgeon, while the former attempts to make a forcible expiration with closed nostrils.

† Although the air is heard to enter the tympanic cavity, it does so with the production of a variety of sounds, as a puffing, bubbling, and cracking, according to the condition of the mucous membrane of the tympanum.

iodine given in large doses internally, as well as externally, the contents of the cysts being re-absorbed by the walls of the cyst, as in the cases seen by Dr. Rayer and Madame Boivin, or else voided per rectum, or per vaginam, as in many recorded cases.

2. That tapping per abdomen, if employed as a palliative, and without any view towards the radical cure of the patient, should be deferred as long as possible, modern statistics having confirmed Morgagni's opinion of the danger of this operation.

3. That when the cyst is voluminous, and felt bulging in the vagina, there is a sufficient number of successful cases to countenance the puncture of the cyst per vaginam, an India-rubber sound being left in the cavity of the cyst, and moderate pressure being made to the abdomen.

4. That the rupture of the monolocular ovarian cysts, with the effusion of their contents into the peritoneal cavity, instead of being attended (as is even now generally supposed) by the most alarming symptoms of peritonitis, is, generally speaking, unaccompanied by any alarming symptom whatever, thus warranting the subcutanean incision of the cyst—an operation which has been successfully performed.*

5. That the ulcerative opening of the cyst, after adhesion of its walls to the abdominal parietes, (the new plan of treatment I propose in certain cases of ovarian dropsy,) is supported alike by the complete success by which it has been followed, in the case I have recorded, and by the success attending a somewhat similar plan of treatment in hydatid cysts of the liver.

6. That ovariotomy should be reserved for cases of *multilocular ovarian cysts,* and those *monolocular cysts where there is a considerable amount of solid deposit,* unless, from their diminutive size, or the absence of symptoms, they do not menace the patient's life by their rapid increase.

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42. *Aneurism of the Axillary Artery.* By HENRY HANCOCK, Esq. (*Proceedings Royal Med.-Chirurg. Soc.*, Jan. 23d, 1849.)—The subject of this disease was a bargeman, aged thirty-four, who was admitted into the Charing-cross Hospital in August last. The tumour presented all the ordinary characteristics of aneurism, and occupied the entire axilla, raising the pectoral muscles and clavicle. He assigned as the cause of the mischief the falling of a sack of beans upon him two years before. He was bled on admission, and a week afterwards the author placed a ligature on the subclavian artery, external to the scalenus muscle. The case went on favourably for a fortnight, when the tumour showed signs of inflammation. At the end of three weeks, the ligature came away from the artery, six days after which the sac, which had suppurated, burst. Another opening was made lower down, which allowed the escape of a large quantity of offensive blood and matter. The wound made at the operation was then nearly healed. From this time he appeared to be going on well for ten days, when suddenly a gush of blood took place from the sac, and he expired in about three-quarters of an hour afterwards. A careful dissection was made of the parts, and the axillary artery was found healthy, except where it communicated with the sac. The divided ends of the artery were each closed by adhesive inflammation, and a plug of coagulum of about half an inch in length. Six branches were found proceeding from the artery between the part on which the ligature was applied and the opening in the side of the artery into the sac. From one or more of the largest of these, it is the opinion of the author that the fatal hemorrhage took place, the blood being thus brought backwards into the artery above the opening into the sac, and its impulse forcing out the coagulum which

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* In addition to the cases published in the table annexed to one of my former papers, others have been reported to me by Mr. Lane, and several other professional friends. I have now forty-one cases of spontaneous rupture of ovarian cysts. In twenty-four, we have every reason to believe that radical cure took place; in six, the patient was thought cured for a time varying from a few months to several years, (this radical or temporary cure being almost always unattended by any alarming symptoms.) In eleven cases, this accident was followed by death. The proportion of fatal cases to cure is as eleven to twenty-four, or rather, eleven to thirty-one—something more than one in three.